



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete If Known

Application Number 10/092,907
 Filing Date March 6, 2002
 First Named Inventor James H. Levine
 Confirmation No. 2728
 Group / Art Unit 3764
 Attorney Docket No. 06523-101

RECEIVED

JUL 26 2002

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees (deficiencies only) and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	03-2410 (Order No. 06523-101)	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
Deposit Account Name	Perkins, Smith & Cohen, LLP	105	130
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		139	130
2. <input checked="" type="checkbox"/> Payment Enclosed:		147	2,520
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*
		113	1,840*
		115	110
		116	400
		117	920
		118	1,440
		128	1,960
		119	320
		120	320
		121	280
		138	1,510
		140	110
		141	1,280
		142	1,280
		143	460
		144	620
		122	130
		123	50
		126	180
		581	40
		146	740
		149	740
		179	740
		169	900
		Other fee (specify) Fee for Correction of Inventorship Under 1.17(l)	
		130.00	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$130.00)	

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
101	740
106	330
107	510
108	740
114	160
SUBTOTAL (1) (\$)	
2. EXTRA CLAIM FEES	
Total Claims	-20
Independent Claims	-3
Multiple Dependent	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
103	18
102	84
104	280
109	84
110	18
SUBTOTAL (2) (\$)	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Peter J. Borghetti	Registration No. Attorney/Agent	42,345
Signature		Telephone	(617) 854-4000
		Date	7/17/2002

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☒

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/092,907
	Filing Date	March 6, 2002
	First Named Inventor	James H. Levine
	Group Art Unit	3764
	Confirmation No.	2728
Total Number of Pages in This Submission		Attorney Docket Number 6523-101

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Correction of Inventorship; updated Application Data Sheet; updated executed Declaration Using an ADS; Statement by Parties Acknowledging and Consenting to Inventorship Correction; check for \$130.00; and return receipt postcard.
Remarks <div style="text-align: right;"> RECEIVED JUL 26 2002 TECHNOLOGY C... </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Peter J. Borghetti, Reg. No. 42,345
Signature	<i>[Signature]</i>
Date	July 17, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:			
Typed or printed name	Peter J. Borghetti	Date	7/17/2002
Signature	<i>[Signature]</i>	Date	7/17/2002

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